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WILLIAMS, MORGAN & AMERSON, P.C.
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<i>Sharon V. Dart</i>	(Depositor's name)
<i>Sharon V. Dart</i>	(Signature)
<i>12/23/01</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,551	10/30/2001	Alexander J. Pasadyr	2000.082200/TT4476	8620

TITLE OF INVENTION: METHOD AND APPARATUS FOR CASCADE CONTROL USING INTEGRATED METROLOGY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEVENSON, ANDRE C	2812	438-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Williams, Morgan*

2. *& Amerson, P.C.*

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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*Advanced Micro Devices, Inc. Austin, TX*Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 1☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 01-0365/TT4476 (enclose an extra copy of this form).

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